

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10775680** FILING DATE **02/11/04**  
 APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
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8		2				
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10		4				
11		4				
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21	1					
22	1					
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28		2				
29		4				
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	70					
TOTAL CLAIMS	73					
	73					